

**Consultation for the next EU Research and Innovation Programme  
Statement on behalf of the European Public Health Association (EUPHA)  
section 'Health Workforce Research'**

## **Why Europe needs stronger health workforce research**

Changing patterns of health and illness with growing multimorbidity and ageing societies create new demand for health and social care services and professional competences. At the same time, health labour markets are shrinking due to demographic change. Educational systems are lagging behind in providing new competences, and occupational systems prioritise specialisation while generalist competences and occupations are lacking. This trend creates a widening gap between demand and supply in many healthcare systems.

The societal challenges of creating a sustainable and people-centred health workforce are increasingly recognised in Europe and globally. However, it is not well understood *how* to make a future health workforce happen that is both sustainable and adaptive. There is a lack of research on successful health workforce policies and innovation in leadership.

Current research puts emphasis on applied research, especially in the Health Program of DG Santé and WHO strategies. And although important, applied research needs to be nurtured by more basic, theory-guided research.

## **A comprehensive theory-guided research program to stimulate innovation**

There is an urgent need for a comprehensive theory-guided research program that is able to stimulate innovation and to systematically connect the different levels of health workforce governance and integrate the substantive areas of health workforce research. As illustrated in the matrix below, such a program can make the connections across the hierarchical levels of health workforce governance. It places organisational innovation at the meso level of healthcare organizations and professional development at the micro level, both within the wider context of health systems and transnational policy and governance.

<b>Hierarchical levels of workforce governance</b>	<b>Content-based dimensions of workforce governance</b>			
	<b><i>System integration</i></b>	<b><i>Sector integration</i></b>	<b><i>Occupational integration</i></b>	<b><i>Socio-cultural integration and gender equality</i></b>
<b><i>Transnational (global/EU level)</i></b>			Harmonisation of professional requirements	International migration, brain drain
<b><i>Macro-level (state/regional)</i></b>	Educational system; healthcare labour market; general labour market	Primary care; secondary care; Mental healthcare; public health; social sector	Relationships between different professions; professional jurisdictions; medical dominance; gender equality	Regional imbalances; deprived areas; population decline areas
<b><i>Meso-level (organizations/ professions)</i></b>	Match of education, workforce and population needs	Person-centred organization of care	Task delegation and substitution; power differences within organizations; gender equality	Integration of diverse (incl. foreign) professionals in organizations
<b><i>Micro-level (actors)</i></b>	Competences for people-centred care	Cooperation; skill mix in teams	Interprofessional education and practice	Motivation; intercultural relations

## Four important substantive areas of health workforce research and innovation

The agenda to take this proposed research program forward should address four areas:

1. *System integration* – develop a system-based research approach that is capable to integrate the educational, healthcare and labour market systems.
2. *Sector integration* – focus on a balanced development and integration of different healthcare sectors, as well as on the balance between generalism and specialism.
3. *Occupational integration* – move from a still dominant focus on physicians towards research into all healthcare professionals (from single professions to their inter-relations, team approaches and intersectoral tasks) and their relationships to informal carers and volunteers.
4. *Sociocultural integration and gender equality* – address power differences within the health workforce, especially gender-based social inequality (including the wage gap), the situation of minority groups and migrant healthcare workers, and the dominance of physicians.

## EU added value

We propose to develop a research-based vision on health workforce that is able to balance the interests of different Member States as well as the principle of a common market and free movement with the European Union and the national/regional need of a sufficient density of health professionals to provide universal healthcare coverage for all citizens.

An integrated theory-driven program on health workforce research in the European research agenda adds value especially in the following areas: health workforce migration, conditions for an open health labour market, the investment in Europe-wide availability of both quantitative and qualitative data, and the coordination of health human resources models.

The EUPHA Section on Health Workforce Research is a network connecting major stakeholders (WHO European Office, Observatory on Health Systems and Policies, European Health Management Association/EHMA, Association of Schools of Public Health in the European Region/ASPHER, OECD) and individual researchers in the field of health workforce research. It aims to advance capacity building, knowledge exchange and networking to build health workforce research as an independent, interdisciplinary and multi-professional field; <https://eupha.org/health-workforce-research>.

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